February to June 2025
Databook

Published
July 24, 2025

Male Participant Program Honor Code

Honesty, Responsibility & Respect
Be a Good Man and Good Citizen
(Developed March 2025)

Female Participant Program Honor Code

Honesty, Responsibility & Respect
Be of Good Courage, a Good Citizen and Good Person
(Developed May 2025)

Version 1.0 – Publishes, July 24, 2025
Version 1.1 – Published, July 25, 2025 – Minor Formatting Corrections

Welcome to the Surry Transition Project (STP) Databook

Reporting Period: February – June 2025

The Surry Transition Project (STP) is a community-based initiative that helps people in Surry County transition from incarceration back into everyday life. We believe that everyone deserves a second chance—and that with the right support, individuals can break the cycle of addiction, improve their lives, and contribute positively to our community.

This databook highlights the work we've done from February to June 2025, focusing on 39 individuals (27 men and 12 women) who received services while in the Surry County Detention Center. STP offers counseling, job training, and ReEntry planning to help people rebuild their lives. We work closely with the Surry County Sheriff's Office, Surry County Detention Center, local treatment providers, the court system, and community organizations to give participants a strong support system during a difficult time.

One of the most important findings in this report is the high level of need. Most of the people we served were dealing with serious addiction issues, and many were at high risk of returning to jail without help. Despite these challenges, many participants completed counseling, gained valuable life skills, and expressed real hope for their futures. We also helped individuals access job training and get connected to local resources before their release.

The STP program is funded through national, state, and local sources, including opioid settlement funds. These investments help make our community stronger by reducing repeat arrests, supporting recovery, and preparing people for employment.

We hope this report gives you a clear picture of the positive change happening right here in Surry County. Your continued support, understanding, and encouragement make this work possible. Together, we can build a safer, healthier, and more hopeful future for everyone.

C. Jamie Edwards, MA, M.Ed, LCAS, CCS, CPS, LSATP
Director
Surry County Office of Substance Abuse Recovery (SCOSAR)
Surry Transition Project (STP)

Surry Transition Project (STP) – Summary

The Surry Transition Project (STP) is a collaborative initiative with the Surry County Sherriff's Office and Surry County Detention Center in Surry County, North Carolina, designed to support justice-involved individuals as they transition from incarceration back into the community. The project focuses on reducing recidivism and promoting long-term recovery and self-sufficiency through a structured continuum of care that includes behavioral health support, case management, and workforce development.

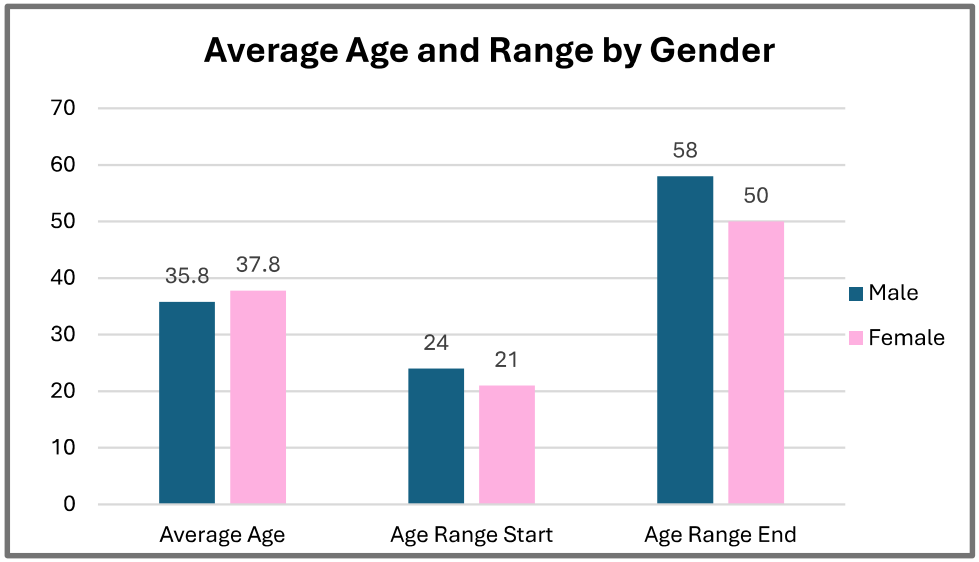
STP partners with local courts, behavioral health providers, recovery community and community organizations to offer participants personalized support plans. These plans typically address substance use disorders, housing needs, employment readiness, and access to treatment and recovery services.

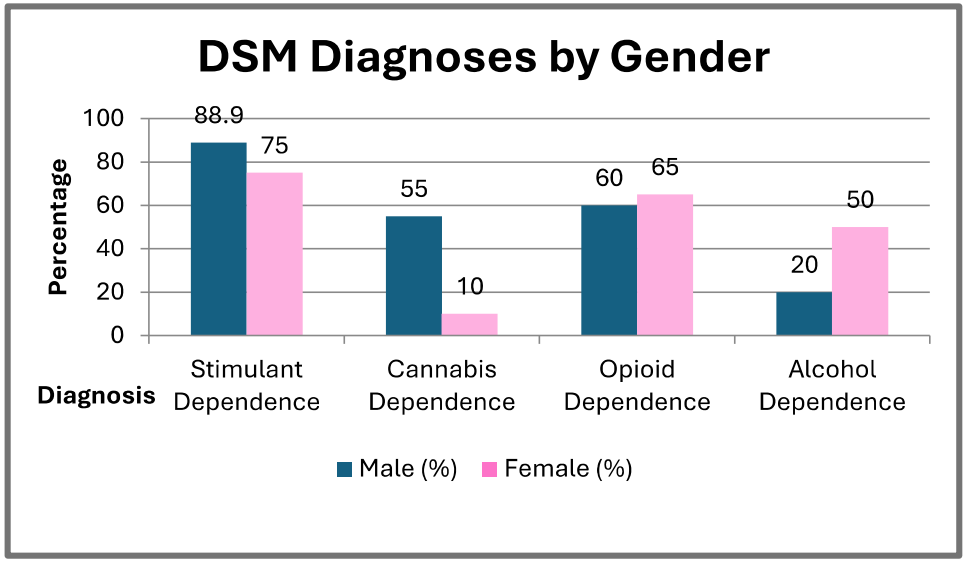
Key components of STP include:

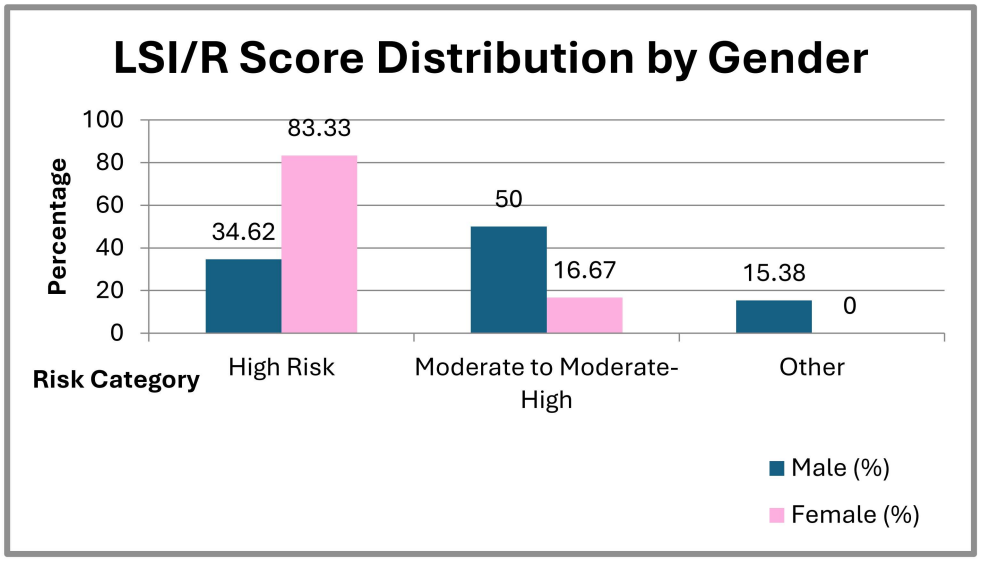
- Substance use screening and group counseling services
- ReEntry planning beginning before release from the detention center
- Connection to treatment services, including substance use and mental health care
- Assistance with transportation, employment, and basic needs
- Structured ReEntry Services
- Collaboration with the Accountability and Recovery Court (ARC) and Post-Overdose Response Teams (PORT)

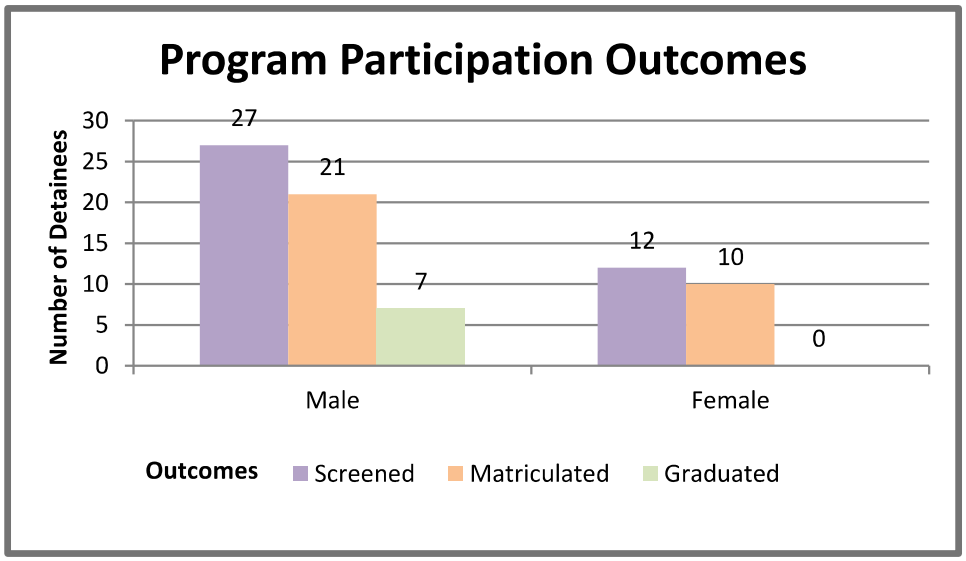
STP is largely supported by a Bureau of Justice COSSUP Grant and Opioid Settlement Funds and other local/state investments aimed at tackling the opioid crisis and improving community outcomes. The program represents Surry County's commitment to a public health approach to justice-involvement and addiction recovery.

STP Data Summary: Key Demographics, Diagnoses, and Risk Indicators









Executive Summary

This report summarizes demographic, diagnostic, and risk assessment data for 27 male and 12 female detainees, offering a comparative overview of their profiles and service needs of those participating in substance use services.

Demographics and Key Observations

The male detainee population served presents with an average age of 35.8 years, ranging from 24 to 58. The largest age group is 30-39 (48.1%). For female detainees, the population served average age of 37.8 years, spanning 21 to 50.

DSM V Diagnoses

Substance-related disorders are the overwhelming primary diagnoses for both male and female detainees.

- Stimulant dependence (F15.20) is the most frequent diagnosis in both groups, affecting 88.9% of males and 75% of females.
- For males, cannabis and opioid dependence are also very common.
- For females, opioid and alcohol dependence are notably frequent after stimulant dependence.

LSI/R Score Analysis (Level of Service Inventory/Revised)

- Female detainees exhibit significantly higher service needs and risk levels compared to males. The mean LSI/R score for females is 92.13, with 83.33% falling into the "High Risk" (90-99) category.
- Male detainees have a lower average LSI score of 80.01, with 34.62% in the "High Risk" category. A larger proportion of males (approximately 50%) fall into "Moderate" to "Moderate-High" risk ranges.
- There is a moderate negative correlation between age and LSI/R scores for females ($r = -0.42$), suggesting that younger female detainees tend to have higher service needs. A weaker negative correlation was observed in males ($r = -0.31$).
- For both groups, detainees with higher LSI scores tend to have a wider array and higher frequency of substance-related diagnoses, and for males, higher-risk individuals were the only ones with non-substance diagnoses.

Entry Dates and Group Participation

- Male detainee entries saw peaks in March (10 entries) and May (11 entries) 2025. Out of 27 screened males, 21 (77.8%) matriculated into group counseling, with 7 (33.3% of matriculated) graduating from the 14 weeks of service (232.5 hours delivered).
- Female detainee entries peaked in April (7 entries) 2025. Of the 12 females screened, 10 (83.3%) matriculated into group, but none graduated from the 8 weeks of service (85 hours delivered) due to a delayed start date.

Conclusion

The detainee population across both genders is largely characterized by a predominance of substance-related disorders, particularly stimulant dependence. Female detainees present with significantly higher assessed risk and service needs compared to their male counterparts, as indicated by LSI/R scores. While male group participation shows some success with graduates, the female group has yet to see any graduations by June 30, 2025.

Surry Transition Project (STP) – Feedback from Participants

STP Staff collected 138 unique responses from clients at the end of group substance use counseling sessions. After reviewing the content, several recurring themes and keywords emerge, indicating the main takeaways for the clients:

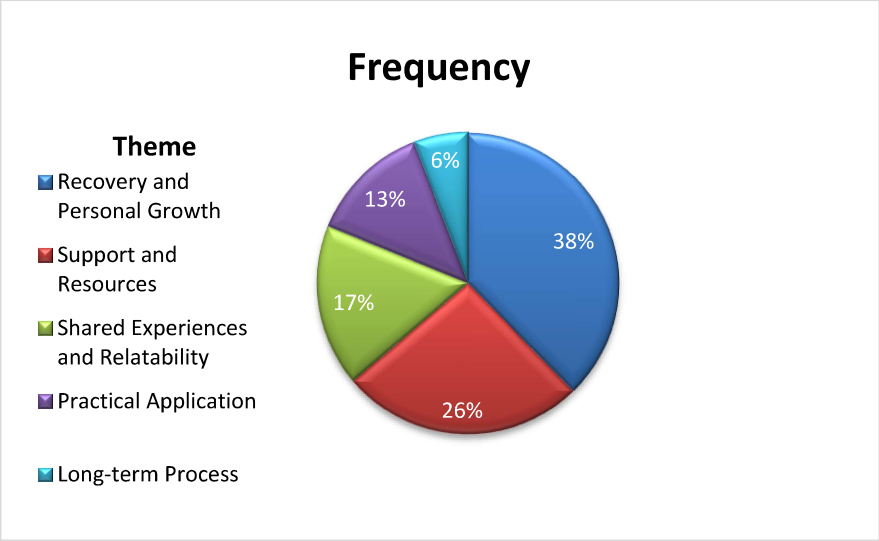
- Recovery and Personal Growth
  - Many responses revolve around the concept of recovery, personal betterment, and the desire for positive change. Clients express learning about tools, options, and pathways to stay sober and improve their lives after incarceration.

- Support and Resources
  - A significant number of clients highlighted the importance of help and support systems. They learned about available resources, people willing to assist, and the value of having a strong support network for their journey.

- Shared Experiences and Relatability
  - Some responses indicate that hearing others' experiences helped clients realize they are not alone in their struggles, fostering a sense of community and shared understanding.

- Practical Application
  - Clients mentioned learning practical strategies, such as how to deal with recovery, how to meditate, and how to apply for help with available sources.

- Long-term Process
  - The understanding that recovery is a continuous, lifelong process is also a notable theme in some responses.



Below are sample responses collected:

"That there are options in recovery and a way to better myself after incarcerations."

"That it don't matter where we came from or where we are going there is always hope and there is always hope to change and that you have to have strong supportive systems in place to be able to succeed with change and you got to want it deep down in your heart and soul to do it!!"

"Applying for help with the sources that are available."

"Filling out a couple surveys, made me realize all the problems I have had in the past and seeing how bad they really were. Hearing other people comment and talk about there's makes me realize I am not the only one with problems. Definitely helps to hear all this and that everybody wants to do better."

"That there are options in recovery and a way to better myself after incarcerations."

"There are always options to aid/help someone stay sober if they truly want it!! We are the company we keep!"

"I learned a lot that you all can help us with when I come home and that I don't have to be alone, and there is a lot of resources for us out there. And help getting us a job too. And that with y'all's help I can succeed in life and do right and stay clean and be back in my wife and kids life too with the tools to help provide us with cause I want to succeed in life too."

"I learned that there are people out here willing to help people stay out of trouble and giving them another chance to redeem yourself."

"I learned that there is people out there who will help me."

"There is help and support for my recovery."

"I have learn how to be a better person in my life goals."

"Took a look at our life history, the effects our parents had on us and what life will be like if I continue to use or don't. As always Ms. Kristie was a delight and she did a great job."

"I learned some of my life history which I can use to my good and learn to do things differently."

"What drugs and alcohol will take from you and the positive ways you can get your life on track without using."

"I took a leap into my thoughts and had to think about what I wanted in life and am finally coming out positive."

"I've really enjoyed meeting y'all it's refreshing that you actually care not many people I have in my life and I hope y'all continue to help people like this cause y'all have helped shape my future so much more than you'll ever know."

"The effects of surrender, how my negative traits could be positive or motivators and positive skills. Know where our compass is. That I deserve hope, and better life."

"That I have been living in a repetitive circle and ways that I can break this and that it's up to me to do it. Also God will help guide me in this road to staying sober and starting a new life."

"Stop becoming a statistic in life. Try having a normal life. Admitting your sanity and try making understandings out of yourself. Knowing where you are on the compass."

"Stay focused and determined. I will be successful in recovery. There is help for me as long as I have the desire and courage to ask. Thank you."

"Be open people want to help if you let them."

"What are good things and bad things to look for in a relationship."

"Be yourself even while you better yourself."

"That mistakes happen not to dwell on them to move forward and not be afraid of change."

"I learned the difference between good boundaries and bad."

"I learned that other (normal people) do believe in us convicts and believe we can do better and recovery."

"It's important to change for the better. Things I did when I was a child may affect my adulthood."

"How to change my negative behaviors and put it into positive ones."

"How to do things better and fix yourself and go to rehab and support others and also learn to ask questions."

"That recovery is more better than addiction."

"I got a little stressed on the last activity, but I'm good. My peers were there for me and I felt loved. I am so glad I took this class. Thank you."

Clients were also asked "How did you contribute today (to group)?"

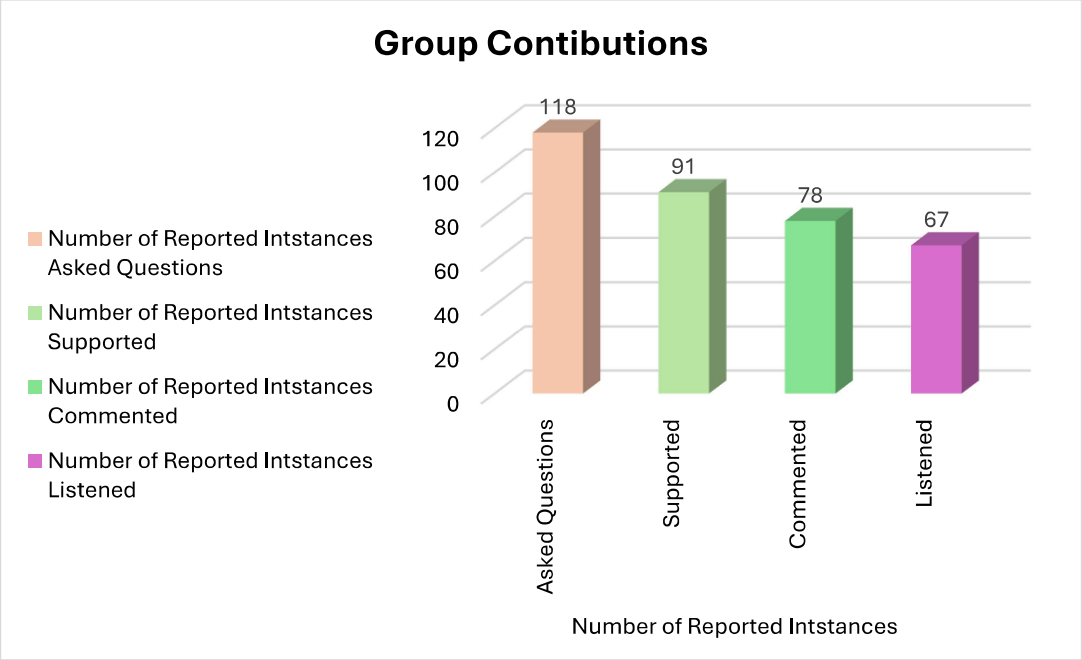
Number of Reported Instances

Client's Listened
118

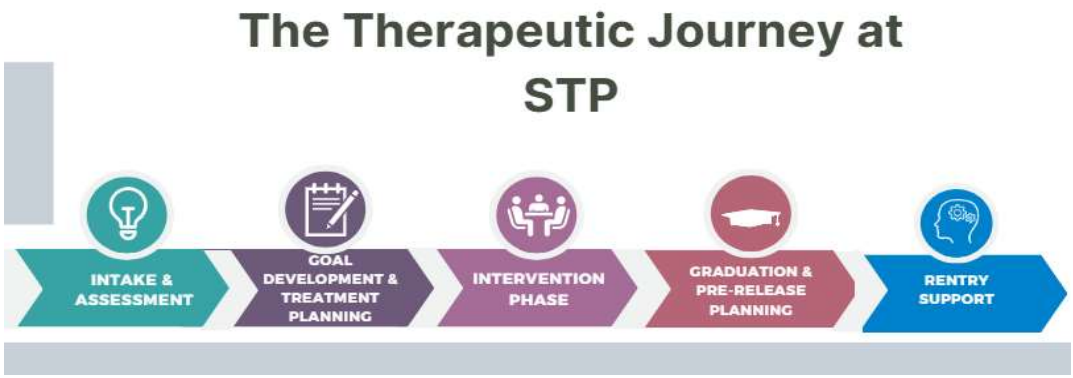
Client's Commented
91

Client's Supported
78

Clients Asked Questions
67



Therapeutic Process at STP



The therapeutic journey at STP is divided into three main phases, designed to provide comprehensive support tailored to individual needs.

Intake and Assessment

The process begins with an **initial intake and assessment**, typically lasting one to two sessions. During this phase, SCOSAR staff discuss the therapeutic structure, policies, and procedures. They will actively engage to understand current challenges, worldview, strengths, concerns, and relationship dynamics. This collaborative, relationship-building period is crucial for gathering information to determine the most effective therapeutic approach for your specific needs and goals.

Goal Development and Treatment Planning

After the assessment, SCOSAR staff will work together to **develop personalized therapeutic goals.** As each goal is achieved, it will be formally signed off, and you'll receive an electronic copy.

Intervention Phase

The **intervention phase** spans from the second session until graduation, discharge, or termination from the program. Active participation is key, requiring engagement in individual and/or group therapy sessions, application of discussed solutions, and completion of assignments between sessions. Progress will be regularly reviewed, and goals will be adjusted as needed.

Graduation/Pre-Release Planning

As the program progresses and gets closer to completing goals, collaboratively discussions help to develop a pre-release plan that will be needed when returning to the

community. Program Staff is available to provide counseling, programming, services and assistance for up to six months after detention center release.

ReEntry Support

ReEntry Support includes comprehensive assistance provided to individuals transitioning from incarceration back into society. This support aims to address challenges faced by formerly incarcerated individuals, such as finding stable housing, securing employment, accessing healthcare, and reconnecting with family and community. Effective ReEntry programs include job training, educational opportunities, mental health services, and substance abuse treatment. By offering these resources, ReEntry support helps reduce recidivism rates and promotes successful reintegration, ultimately contributing to safer and more cohesive communities.

In addition to practical assistance, ReEntry support also focuses on emotional and social reintegration. This involves helping individuals rebuild their self-esteem, develop positive relationships, and navigate the stigma associated with having a criminal record.

Criminogenic and Addictive Thinking (CAT) Track

Based on individual needs, detainees may be recommended for specialized services, such as the **Criminogenic and Addictive Thinking (CAT) Track**. This 12-week, in-person group program utilizes Cognitive Behavioral/Restructuring techniques for higher-risk detainees. Sessions, lasting 60-90 minutes, address criminal lifestyles, substance use, rational thinking, communication, and community adjustment. With a primary focus on relapse prevention for chemically dependent criminal offenders, based on the work of Terence Gorski, these sessions are held once a week with separate groups for males and females, each comprising a maximum of eight to ten detainees.

Length of Services

Counseling sessions are typically weekly for 60-90 minutes depending upon the nature of the presenting challenges. We will collaboratively discuss from session to session what the next steps are and how therapy sessions will occur.

- CAT groups operate for approximately 12 weeks

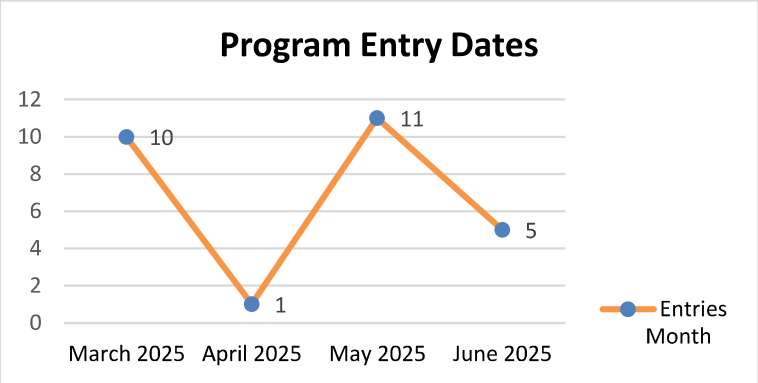
Male Program Entry Dates

- **March 2025:** 10 entries
- **April 2025:** 1 entry
- **May 2025:** 11 entries
- **June 2025:** 5 entries

Key Observations on Entry Dates:

- There were significant entry periods in March and May 2025, with a slight decrease in June. April had only one entry.

Male Service Provision



Demographics

- **Total Detainees:** 27
- **Average Age:** Approximately 35.8 years
- **Age Range:** 24 - 58 years
- **Racial Breakdown:**
  - White: 21 (77.8%)
  - Black/African American: 4 (14.8%)
  - Hispanic/Latin: 1 (3.7%)
  - Missing/Unspecified: 1 (3.7%)

Age Distribution of Male Detainees (N = 27)

Age Group	Frequency (n)	Percentage (%)
20–29	6	22.2%
30–39	13	48.1%
40–49	4	14.8%
50–59	4	14.8%
Total	**27**	**100.0%**

Male DSM 5 Diagnosis Analysis

A DSM-5 Substance Use Disorder (SUD) diagnosis combines the previous categories of substance abuse and dependence into a single spectrum. It is determined by the presence of at least two symptoms from a list of 11 criteria, indicating impaired control, social problems, risky use, and pharmacological criteria like tolerance or withdrawal. The severity is categorized as mild, moderate, or severe based on the number of symptoms present. This diagnostic framework helps clinicians assess and tailor treatment for individuals struggling with problematic substance use.

To analyze the DSM diagnoses, each entry was split, and only the primary "F" codes were considered (e.g., "F12.21/Z65.1" was counted as "F12.21").

The most frequent DSM diagnoses for male detainees are:

DSM-V Diagnoses Among Male Detainees (N = 27)

DSM Code	Diagnosis	Frequency (n)	Percentage (%)
F15.20	Stimulant dependence (e.g., amphetamines)	24	88.89%
F12.20	Cannabis dependence	15	55.56%
F11.20	Opioid dependence	11	40.74%
F17.200	Nicotine dependence	5	18.52%
F10.20	Alcohol dependence	5	18.52%
F14.20	Cocaine dependence	3	11.11%
F12.21	Cannabis dependence, in remission	3	11.11%
F13.20	Sedative/hypnotic/anxiolytic dependence	2	7.41%
F11.21	Opioid dependence, in remission	2	7.41%
F15.21	Stimulant dependence, in remission	2	7.41%
F32.2	Major depressive disorder, single episode	1	3.70%
F41.1	Generalized anxiety disorder	1	3.70%
Total		27	**100.0%**

Key Observations on Diagnoses

- **Substance-Related Disorders are Predominant:** The vast majority of diagnoses fall under "Mental, Behavioral and Neurodevelopmental disorders" specifically related to psychoactive substance use (F10-F19 codes).
- **Stimulant Dependence (F15.20) is the Most Common:** Almost all detainees (24 out of 27) have a diagnosis of F15.20, indicating a very high prevalence of amphetamine or other stimulant dependence.
- **Cannabis and Opioid Dependence are Also Very Common:** F12.20 (Cannabis dependence) and F11.20 (Opioid dependence) are the next most frequent.
- **"In Remission" Codes:** A few individuals have diagnoses indicating substance dependence "in remission" (e.g., F12.21, F11.21, F15.21), suggesting prior issues that might be improving or managed.

Male LSI/R Score Analysis

The Level of Service Inventory-Revised (LSI-R) is a widely used, quantitative risk/needs assessment tool in correctional and forensic settings. It helps predict an offender's risk of recidivism and identifies criminogenic needs that can be targeted for intervention. The LSI-R assesses various domains, including criminal history, education/employment, financial situation, family/marital relationships, and substance abuse. Its results guide supervision levels and aid in developing individualized treatment plans for offenders.

Descriptive Statistics for LSI/R Scores for male detainees

- **Count (non-missing):** 26 (One client has a missing LSI score).
- **Mean:** 80.01
- **Median:** 78.10
- **Minimum:** 43.90
- **Maximum:** 99.20
- **Standard Deviation:** 14.63

The average LSI/R score is approximately 80.01, with a median of 78.10. The scores range widely from 43.90 to 99.20, indicating a significant spread in the level of service needs among the detainees. The standard deviation of 14.63 confirms this variability.

STP # with Missing LSI/R Score

- STP #18 has a missing LSI/R Score.

LSI/R Score Range Distribution

To better understand the distribution of risk levels, LSI scores were grouped into common ranges:

LSI Score Range	Frequency (n)	Percentage (%)
0–59 (Low Risk)	4	15.38%
60–69 (Moderate-Low Risk)	1	3.85%
70–79 (Moderate Risk)	9	34.62%
80–89 (Moderate-High Risk)	3	11.54%
90–99 (High Risk)	9	34.62%

Key Observations on LSI/R Score Distribution

- **Bimodal Distribution:** The LSI scores show a bimodal distribution, with the highest concentrations in the "70-79 (Moderate Risk)" and "90-99 (High Risk)" ranges, both accounting for approximately 34.6% of the detainees. This suggests a significant portion of the population has either moderate or very high service needs.
- **Lower Risk is Less Common:** Only a small percentage (15.38% + 3.85% = 19.23%) fall into the "Low Risk" to "Moderate-Low Risk" categories (0-69).
- **Predominance of Higher Needs:** The majority of detainees (approximately 80.77%) fall into the "Moderate Risk" to "High Risk" categories (70-99), indicating a population with substantial needs for intervention and support.

Correlation between Age and LSI/R Score

- **Correlation Coefficient:** -0.31

There is a **weak negative correlation** between Age and LSI Score. This suggests a slight tendency for older individuals in this dataset to have slightly lower LSI scores (indicating less severe service needs), and younger individuals to have slightly higher scores. However, this is a weak correlation, meaning age is not a strong predictor of LSI score in this sample.

DSM Diagnosis Counts by LSI Score Range

This table provides a breakdown of how different DSM diagnoses are distributed across the LSI score ranges:

LSI-R Score Range	F10.20 (Alcohol)	F11.20 (Opioid)	F11.21 (Opioid Remission)	F12.20 (Cannabis)	F12.21 (Cannabis Remission)	F13.20 (Sedative)	F14.20 (Cocaine)	F15.20 (Stimulant)	F15.21 (Stimulant Remission)	F17.100 (Nicotine)	F17.20 (Nicotine)	F17.200 (Nicotine)	F32.2 (Depression)	F41.1 (Anxiety)
0–59 (Low Risk)	2	1	0	3	0	0	0	4	0	0	0	0	0	0
60–69 (Moderate-Low Risk)	1	0	0	1	0	0	0	1	0	0	0	0	0	0
70–79 (Moderate Risk)	1	3	2	3	2	0	1	6	2	1	0	1	0	0
80–89 (Moderate-High Risk)	0	2	0	3	0	0	2	2	0	0	0	0	0	0
90–99 (High Risk)	2	2	0	3	0	2	0	9	0	0	2	3	1	1

Key Observations from DSM Diagnosis by LSI Range

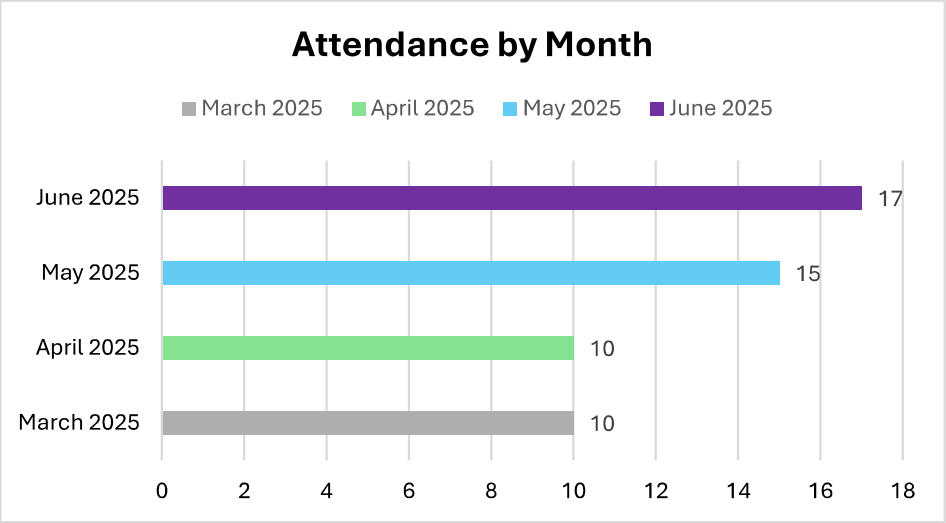
- **F15.20 (Stimulant Dependence):** This diagnosis is present across all LSI risk ranges, but it is notably more frequent in the "High Risk" (90-99) and "Moderate Risk" (70-79) groups.
- **F12.20 (Cannabis Dependence):** Consistent across most risk levels.
- **F11.20 (Opioid Dependence):** Present in "Low Risk," "Moderate Risk," and "Moderate-High Risk" categories.
- **Higher Risk, More Diverse Diagnoses:** The "90-99 (High Risk)" group shows a wider array of diagnoses, including F10.20 (Alcohol dependence), F13.20 (Sedative dependence), F17.20 (Nicotine dependence, unspecified), F17.200 (Nicotine dependence, uncomplicated).
- **Diagnoses in Remission (e.g., F11.21, F12.21, F15.21):** These are primarily seen in the "70-79 (Moderate Risk)" group, suggesting that individuals who are in remission might still have moderate service needs.

Male Attendance Data

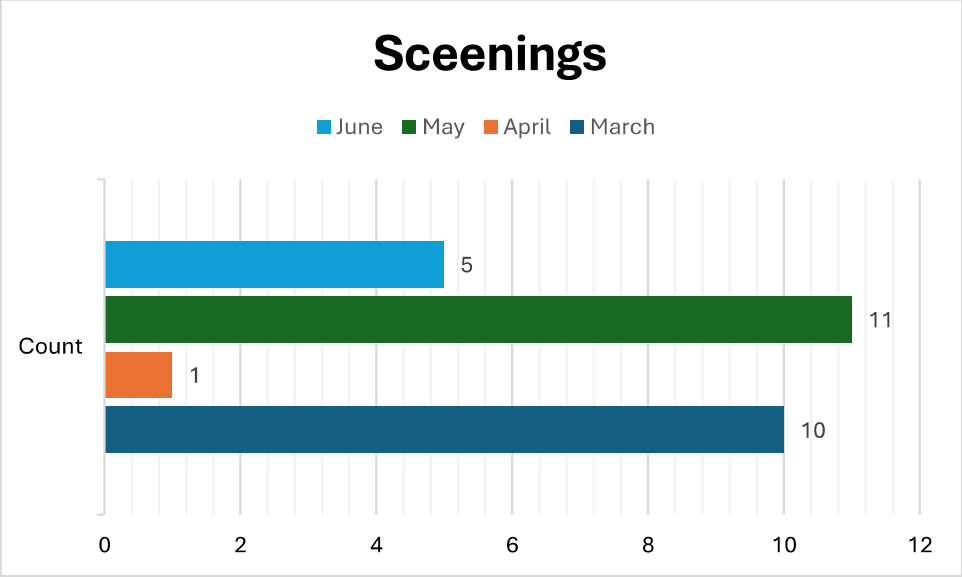
Key Service Metrics

Metric	Value
Weeks of Group Service	14.0
Total Group Counseling Hours Delivered	232.5
Total Males Reached during Screening	27.0
Males Matriculated into Group	21.0
Graduated	7.0

Group Attendance (Number Served)



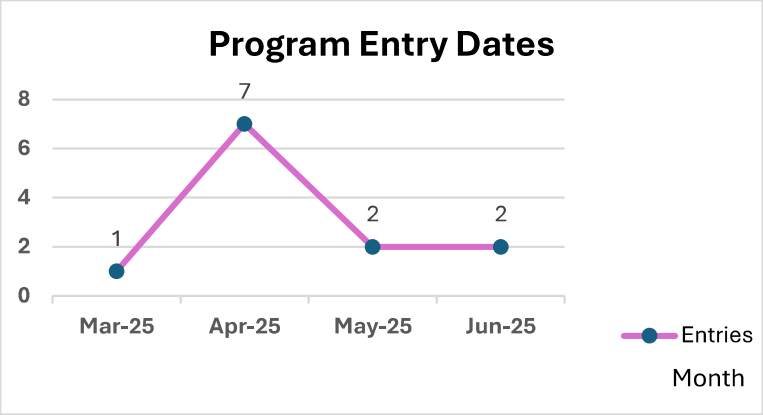
Screenings Completed



Female Program Entry Dates

Entry Date Analysis

- **March 2025:** 1 entry
- **April 2025:** 7 entries
- **May 2025:** 2 entries
- **June 2025:** 2 entries



Key Observations on Entry Dates

- April 2025 saw the highest number of entries (7), suggesting a peak in admissions during that month.
- Entry rates were lower in March, May, and June of 2025.

Female Service Provision

Demographics

- **Total Detainees:** 12
- **Average Age:** Approximately 37.83 years
- **Age Range:** 21 - 50 years
- **Racial Breakdown:**
  - **White:** 11 (91.67%)
  - **Hispanic/Latin:** 1 (8.33%)

Age Distribution of Female Detainees (N = 12)

Age Range	Frequency (n)	Percentage
20-29	3	25.00%
30-39	2	16.67%
40-49	6	50.00%
50+	1	8.33%
Total	12	**100.00%**

Female DSM 5 Diagnosis Analysis

A DSM-5 Substance Use Disorder (SUD) diagnosis combines the previous categories of substance abuse and dependence into a single spectrum. It is determined by the presence of at least two symptoms from a list of 11 criteria, indicating impaired control, social problems, risky use, and pharmacological criteria like tolerance or withdrawal. The severity is categorized as mild, moderate, or severe based on the number of symptoms present. This diagnostic framework helps clinicians assess and tailor treatment for individuals struggling with problematic substance use.

To analyze the DSM 5 diagnoses, each entry was parsed to identify distinct "F" codes, including their numerical suffixes and any additional descriptions.

The most frequent female DSM 5 diagnoses are:

DSM Code	Diagnosis	Frequency (n)	Percentage
F15.20	Amphetamine or other stimulant dependence	9	75%
F11.20	Opioid dependence	6	50%
F10.20	Alcohol dependence	4	33.33%
F12.20	Cannabis dependence	3	25%
F17.20	Nicotine dependence, uncomplicated	1	8.33%
F11.20 (suboxone misuse)	Opioid dependence (specific to Suboxone misuse)	1	8.33%
F12.10	Cannabis abuse, without physiological dependence	1	8.33%
F13.20	Sedative, hypnotic, or anxiolytic dependence	1	8.33%
F11.21	Opioid dependence, in early full remission	1	8.33%

Key Observations on Diagnoses

- **Substance-Related Disorders are Predominant:** Similar to the male dataset, the vast majority of diagnoses for female detainees fall under "Mental, Behavioral and Neurodevelopmental disorders" specifically related to psychoactive substance use (F10-F19 codes).

- **Stimulant Dependence (F15.20) is the Most Common:** This diagnosis is the most frequent, appearing in 9 out of 12 records, indicating a high prevalence of amphetamine or other stimulant dependence.
- **Opioid and Alcohol Dependence are Also Very Common:** F11.20 (Opioid dependence) and F10.20 (Alcohol dependence) are the next most frequent, highlighting significant issues with these substances.
- **Cannabis Dependence:** F12.20 also shows a notable presence.

LSI/R Score Analysis

The Level of Service Inventory-Revised (LSI-R) is a widely used, quantitative risk/needs assessment tool in correctional and forensic settings. It helps predict an offender's risk of recidivism and identifies criminogenic needs that can be targeted for intervention. The LSI-R assesses various domains, including criminal history, education/employment, financial situation, family/marital relationships, and substance abuse. Its results guide supervision levels and aid in developing individualized treatment plans for offenders.

The LSI/R scores provide an indication of the risk and needs level of the individuals.

Descriptive Statistics for LSI/R Scores:

- **Count (non-missing):** 12
- **Mean:** 92.13
- **Median:** 97.65
- **Minimum:** 41.0
- **Maximum:** 99.7
- **Standard Deviation:** 16.36

The average LSI/R score is approximately 92.13, with a median of 97.65. The scores range widely from 41.0 to 99.7, indicating a significant spread in the level of service needs among the detainees. The standard deviation of 16.36 confirms this variability. There are no missing LSI/R scores in this dataset.

LSI/R Score Range Distribution :

To better understand the distribution of risk levels, LSI/R scores were grouped into common ranges:

LSI/R Score Range	Count	Percentage
0-59 (Low Risk)	1	8.33%
60-69 (Moderate-Low Risk)	0	0.00%
70-79 (Moderate Risk)	0	0.00%
80-89 (Moderate-High Risk)	1	8.33%
90-99 (High Risk)	10	83.33%

Key Observations on LSI/R Score Distribution:

- **Predominance of High Risk:** An overwhelming majority of the female detainees (83.33%) fall into the "90-99 (High Risk)" category, indicating a population with very substantial needs for intervention and support.

- **Limited Lower Risk:** Only one individual (8.33%) is in the "Low Risk" category (41.0), and another (8.33%) is in the "Moderate-High Risk" category. There are no individuals in the "Moderate-Low Risk" or "Moderate Risk" categories. This suggests a highly skewed distribution towards higher risk levels.

Additional Insights

- **Correlation between Age and LSI/R Score**
  - **Correlation Coefficient:** -0.42

  There is a **moderate negative correlation** between Age and LSI/R Score. This suggests a tendency for older individuals in this dataset to have somewhat lower LSI/R scores (indicating less severe service needs), and younger individuals to have somewhat higher scores. This correlation is stronger than what was observed in the male dataset.

DSM Diagnosis Counts by LSI/R Score Range

LSI/R Score Range	F10.20	F11.20	F11.20 (suboxone misuse)	F11.21	F12.10	F12.20	F13.20	F15.20	F17.20
0-59 (Low Risk)	1	0	0	0	0	0	0	1	0
80-89 (Moderate-High Risk)	1	0	0	0	0	1	0	1	0
90-99 (High Risk)	2	6	1	1	1	2	1	7	1

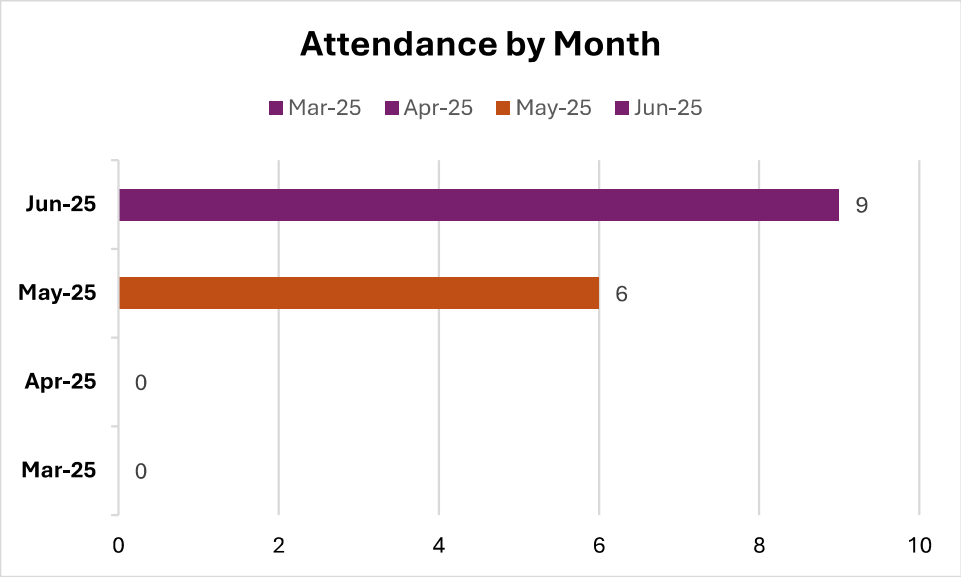
Key Observations from DSM Diagnosis by LSI/R Range

- **Concentration in High-Risk Group:** The vast majority of diagnoses, across all types, are found within the "90-99 (High Risk)" LSI/R score range. This reinforces that detainees with higher service needs tend to have a wider array and higher frequency of substance-related diagnoses.
- **F15.20 (Stimulant Dependence):** This diagnosis is present in all risk categories where detainees are found, but it is overwhelmingly concentrated in the "High Risk" group.
- **F11.20 (Opioid Dependence):** This diagnosis is exclusively seen in the "High Risk" group and includes the specific "suboxone misuse" variant and "in remission" diagnosis.
- **F10.20 (Alcohol Dependence):** While present in the "Low Risk" and "Moderate-High Risk" groups, it is also found in the "High Risk" group.

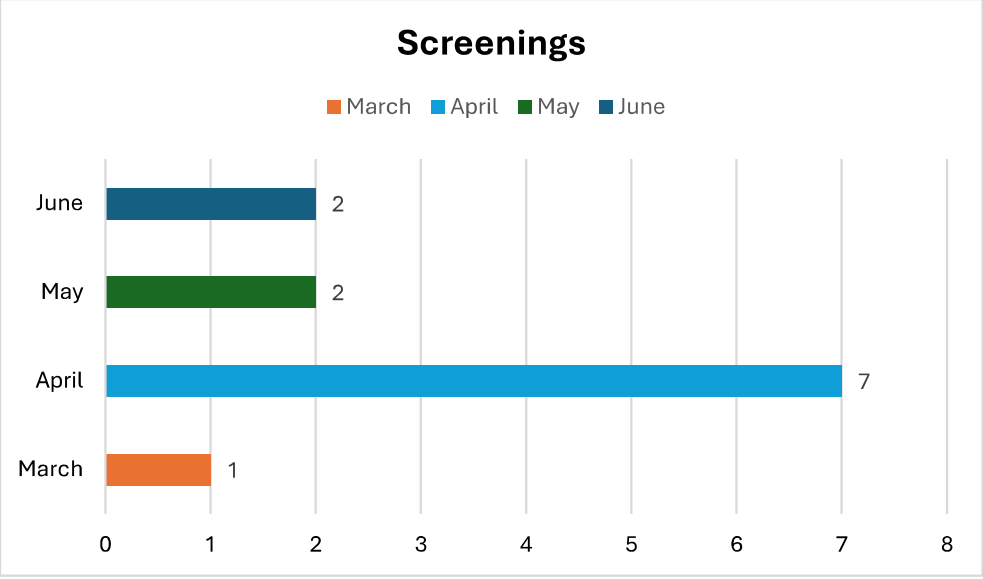
Female Attendance Data

Metric	Value
Weeks of Group Service	8.0
Total Group Counseling Hours Delivered	85.0
Total Females Reached during Screening	12.0
Females Matriculated into Group	10.0
Graduated	0

Group Attendance (Number Served



Screenings Completed



Comparison of Male and Female Detainee Profiles

Category	Male Detainees	Female Detainees
Total Detainees	27	12
Average Age	35.81 years	37.83 years
Age Range	24 – 58	21 – 50
Median Age	34	40
Most Common Age Group	30–39	30–39
Most Frequent DSM Diagnosis	F15.20 Stimulant Dependence (88.9%)	F15.20 Stimulant Dependence (75%)
Top 3 Diagnoses	F15.20, F12.20, F11.20	F15.20, F11.20, F10.20

LSI-R Score Comparison

LSI Category	Male Detainees	*Female Detainees*
Mean Score	80.01	*92.13*
Median Score	78.10	*97.65*
Minimum Score	43.90	*41.00*
Maximum Score	99.20	*99.70*
Standard Deviation	14.63	*16.36*
% in 90–99 (High Risk)	34.62%	*83.33%*
% in 0–59 (Low Risk)	15.38%	*8.33%*
% in 70–89(Moderate Ranges)	49.99%	*8.33%*
Missing Scores	1 (STP #18)	*None*
Correlation Between Age & LSI	Weak Negative (r = -0.31)	*Moderate Negative (r = -0.42)*

Group Participation Comparison

Metric	Male Detainees	Female Detainees
Weeks of Group Service	14	8
Total Hours Delivered	232.5	85
Screened	27	12
Matriculated	21	10
Graduated	7	0
Peak Month for Entries	May (11 entries)	April (7 entries)

Key Takeaways

- **Female detainees scored significantly higher** on the LSI/R, with 83.3% classified as high risk versus only 34.6% of males.
- **Stimulant dependence (F15.20)** was the most common DSM diagnosis in both groups.
- **Female detainees showed more concentrated risk**, with fewer individuals in low or moderate ranges.
- **The correlation between age and LSI scores was stronger among females**, suggesting age may be a more reliable predictor of risk level in the female group.

Surry Transition Project – Justice and Workforce Services

This report summarizes participation data for 114 participants across three early job training services including financial skills, job readiness and North Carolina DOT Flagger Certification.

The data provided covers services started on February 27, 2025, across three distinct programs: NC DOT Flagger Certification Training, Financial Skills, and Job Readiness.

Key Observations

- **Job Readiness is the most extensive program** in terms of classes offered (7) and total individuals served (60). This suggests a significant focus on preparing individuals for employment.
- **NC DOT Flagger Certification Training shows high effectiveness** with 42 out of 44 participants (approximately 95.5%) achieving certification. This program also served a substantial number of individuals (44) across 5 classes.
- **Financial Skills is a smaller, focused program**, with only 1 class serving 10 individuals.

Overall, the data highlights a strong emphasis on job preparedness and certification, alongside foundational financial education, with a balanced reach across genders.

Service Type	Number of Classes	Total Served	Total Certified	Females Served	Males Served
NC DOT Flagger Certification Training	5	44	42	22	22
Financial Skills	1	10	N/A	5	5
Job Readiness	7	60	N/A	30	30

Surry Transition Project – Pre-Release Services

This section summarizes the pre-release planning services provided by the STP program during the reporting period. A total of six clients—four males and two females—received individualized support, including resource navigation, housing referrals, employment assistance, and treatment coordination. Efforts were tailored based on each client's release status and post-release location, with the goal of promoting stability and continuity of care during ReEntry.

During the reporting period, STP provided pre-release planning to six individuals: four males and two females.

Male Client Detailed Summary

Male Client #1

- Released to the community.
- STP provided Wilkes County DSS with documentation of his participation in STP classes.
- The client received an informational envelope containing Wilkes County community resources to support his transition to a transitional facility in Wilkes County.

Male Client #2

- Released to the community.
- Declined a referral to Surry County EMS's MAT program.
- Requested placement at New Beginnings Transitional House; paperwork was completed, and he was accepted.
- Submitted a job application to New River Tire; the employer expressed interest in interviewing him.
- STP staff transported the client from jail to New Beginnings and scheduled to return in two days for the interview.
- The client left New Beginnings overnight and did not follow up.

Male Client #3

- Transferred to the state prison system.
- Provided an envelope containing brochures for Surry County resources, including New Beginnings Transitional House, Recovery to Work, Surry County Health and Nutrition Center, and Ride the Road to Recovery.
- Encouraged to contact STP upon release for assistance with employment in Surry County.

Male Client #4

- Transferred to the state prison system.
- Received an envelope with brochures for Recovery to Work, Surry County Health and Nutrition Center, and Ride the Road to Recovery.
- Expressed interest in working at New River Tire upon release.
- Encouraged to contact STP for employment support upon returning to Surry County.

Female Client Detailed Summary

Female Client #1

- Transferred to another detention facility.
- Provided with an envelope containing Wilkes County resource information in preparation for her return to that community.

Female Client #2

- Released to the community.
- Completed and submitted multiple treatment applications with STP assistance.
- Requested placement at ICGH in Hickory, NC. Initial paperwork was submitted to ICGH.
- Secured placement at a local homeless facility prior to release as a temporary measure to complete treatment placement.
- Offered transportation services to client on the day of release, client declined.
- Detainee failed to appear at the homeless facility as scheduled and has not followed up at this time.

Pre-Release Envelope Given to STP Detainees Prior to Release
Containing Supplemental Information

Navigating Your Pathways to a Successful Transition

Supporting a successful pre-release transition to the community is key, take advantage of this time! This folder is a tool for mapping your transition.
Talk to your Surry Transition Program Staff Member.

Things to think about

- ❑ PRC / Parole Conditions
- ❑ Identify Support System
- ❑ Review Legal Issues
- ❑ Transportation
- ❑ Identifying own fears or concerns with being released
- ❑ Medical Needs
- ❑ Safe Housing
- ❑ Job Opportunities

Common Numbers

TASC
(336) 813-8722

Surry Co. Health Department
(336) 401-8410

Surry Co. DSS
(336) 401-8700

Surry Co. Courthouse
(336) 386-3700

Magistrate
(336) 386-3719

Surry Transition Project
(336) 401-8218

Things to do

- ❑ Attend Job Readiness Workshop
- ❑ Apply for Medicaid
- ❑ Apply For Jobs
- ❑ Discuss release plans with identified support (family, friends, mentors)
- ❑ Apply for SNAP
- ❑ Review Legal Issues

Things to put in envelope

- ❑ Obtain Job Readiness Certificate
- ❑ Flyers & Brochures
- ❑ Request Medical Release Summary

Appointments

- ❑ Community Service
- ❑ Mental Health Services
- ❑ Substance Abuse
- ❑ Medical Services
- ❑ Probation
- ❑ Pre-trial Release
- ❑ Court
- ❑ QP-Office of Substance Abuse

Notes